

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9952	2 Fiscal Year Covered From
, , , , , , , , , , , , , , , , , , , ,	01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name LANCE D CLARK	Name SHEET METAL WORKERS LOCAL Uning No. 105
	Labor Organization File Number 542-616
PO Box Bidg Room No If any	PO Box Building and Room Number If any
Street 24860 LORNA DRIVE	Street , 2/20 Auto Centre Daire, Suite 105
CHY MORENO VALLEY	_ CIV Glandors,
State CA ZIP Code +4 92553	State 3 CA. 3 ZIP Code + 4 9 / 7.40
Enter appropriate data below if during the past fiscal year you of your	spouse or minor child directly or indirectly had any of the following interests inclusions set forth in the instructions)
A Held an interest in engaged in transactions (including loans) with monetary value from an employer whose employees your organize	or derived income or other economic benefit of zation represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name \$ ````	
Trade Name if any	- mi manakakaka samana sam
PO Box Bldg Room No if any	3 %
	7 b Amount

Signature

ZIP Code + 4

15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true correct, and complete (See the se	/ing documents) has been exai	mined by the signatory and is to the best of the
Signed Lance A. Clark	On 8-1-05	(951) 247-1741

Street

City

State ;

Telephone Number

File Number U Name of Person Filing LANCE D Clark B. Held an interest in or derived income or economic benefit with morretary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to ar otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name SHEET METAL WORKERS TRUST FUNDS a Labor Organization Trade Name if any TRUST FUNDS FOR HEALTH! PENSION PO Box, Bldg Room No if any ; c. Employer Street /// NORTH Sepulveda Blvd, Suite 100 CILY MANHATTAN BEACH, ZIP Code + 4 90267-686 11 a Nature of such dealing 10 If 9 b or 9 c, is checked give trust or employer's name TRUSTEE OF HEALTH & PENSION FUND Trade Name if any PO Box, Bidg Room No. If any 11 b. Approximate dollar value of such dealing. 12 a Nature of interest held or income received. 1 ST QUARTER BOARD OF TRUSTES' MAY FOR TRUSTEE COST REIMBURSEMENT FOR ATTENDING 12 b Amount C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment. 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any PO Box, Bldg Room No If any Street ZIP Code + 4 14 b Amount of payment. 13 b. is the Business an Employer or Consultant

Name of Person Filling LANCE D CLA	RK File Number U			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name SHEET METAL WORKERS TRUST				
Trade Name, if any TRAST FUNDS FOR HEALTH :				
PO Box, Bldg Room No If any	b Trust			
Street 111 NORTH SEPULYEDA Blyd, Suite	c. Employer			
City MENHATTAN BEACH,				
State CA ZIP Code + 4 902	47-486			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing			
Name [TRUSTEE OF HEALTH & PENSION FUND			
Trade Name, if any				
PO Box, Bidg Room No. If any				
Street	11 b. Approximate dollar value of such dealing.			
City !	12.a Nature of interest held or income received.			
State ZIP Code + 4	3 Rd QUARTER BOARD OF TRUSTEES' MT9			
	FOR TRUSTEE COST REIMBURGEMENT FOR ATTENDING			
	12.b Amount # 1/43			
C Received from any employer (other than an employer co	overed under parts A and B above)			
or from any labor relations consultant to an employer any payment of money or other thing of value.				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	t 14 a. Nature of payment.			
Name				
Trade Name, If any				
PO Box, Bidg Room No if any				
Street				
City :				
State ZIP Code + 4				
13 b Is the Business an Employer , or Consultant ,	14 b Amount of payment.			
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Name of Person Filing		File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name SHEET METAL WORKERS' TRUST FUNOS Trade Name, if any TRUST FUNOS FOR HEALTH? PENSION PO Box, Bidg Room No. If any Street III NORTH SEP WIVEDA BIXE'S Suite 100 City MANHATTAN BEASH, State CA: ZIP Code + 4 70267-686	b Trust c. Employer	ttion		
10 If 9 b. or 9 c. is checked give trust or employer's name.	11 a Nature of such deal	ing		
Name Trade Name, if any PO Box, Bidg Room No if any	TRUSTEE OF	HEALTH-? PEN	SION FUND	
Street	11 b Approximate dollar value	e of such dealing.		
State ZIP Code + 4	12 a Nature of interest hel 4th Quarter FOR TRUSTEE FOR ATTENOM	BOARD OF T	TRUSTEES' MTG, UCSEMENT	
	12 b Amount.		# 422	
C Received from any employer (other than an employer covered und	er parts A and B above)			
or from any labor relations consultant to an employer any payment of money	T		 	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.	and a street of the second	nandrosa annocens qui brahene e c. as use use — ha — ha q	
Name			:	
Trade Name, If any			!	
P O Box, Bldg., Room No. If any	The state of the s		1	
Street			3	
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.		[

Name of Person Filing LANCE D. CLARK	File Number U			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name SOUTHERN CALIFORNIA SHEET METAL Trade Name if any Tourt Apparatices 41 P Comm, Hee PO Box, Bidg Room No if any Street 633 NORTH BALDWIN PARK BIVE. City City of Industry, State CA, IZIP Code + 4 91746	9 Business deals with a. Labor Organization b Trust c. Employer			
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg Room No if any	11 a Nature of such dealing TRUSTEE ON THE SHEET METAL APPRENTICESHIP TRAINING FUND			
Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12 a Nature of interest held or income received. REIMBURSEMENT FOR ATTENDING MEETING (REIMBURSEMENT EXP)			
	12 b Amount 4.56			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a. Nature of payment.			
Name				
Trade Name If any				
P O Box, Bidg Room No If any Street ZIP Code + 4				
13.b. is the Business an Employer, or Consultant ?	14 b Amount of payment.			



Sheet Metal Workers' International Association

Local Union No. 105

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August 10, 2005

Standard Mail Delivery & Certified Mail # 7002 0510 0003 9433 1390

United States Department of Labor Employment Standards Administration Office of Labor-Management Standards 200 Constitution Avenue N W, Room N5616 Washington, DC 20210

Re LM-30 Report, 2004

The information contained in the enclosed LM-30 Report is based on my best effort to make a good faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 Report

Sincerely,

Lance D Clark,

Financial Secretary-Treasurer/

a A Clark

Recording Secretary

RAR ımb/DOL.LM 30 operu #537/afl-cro-clc